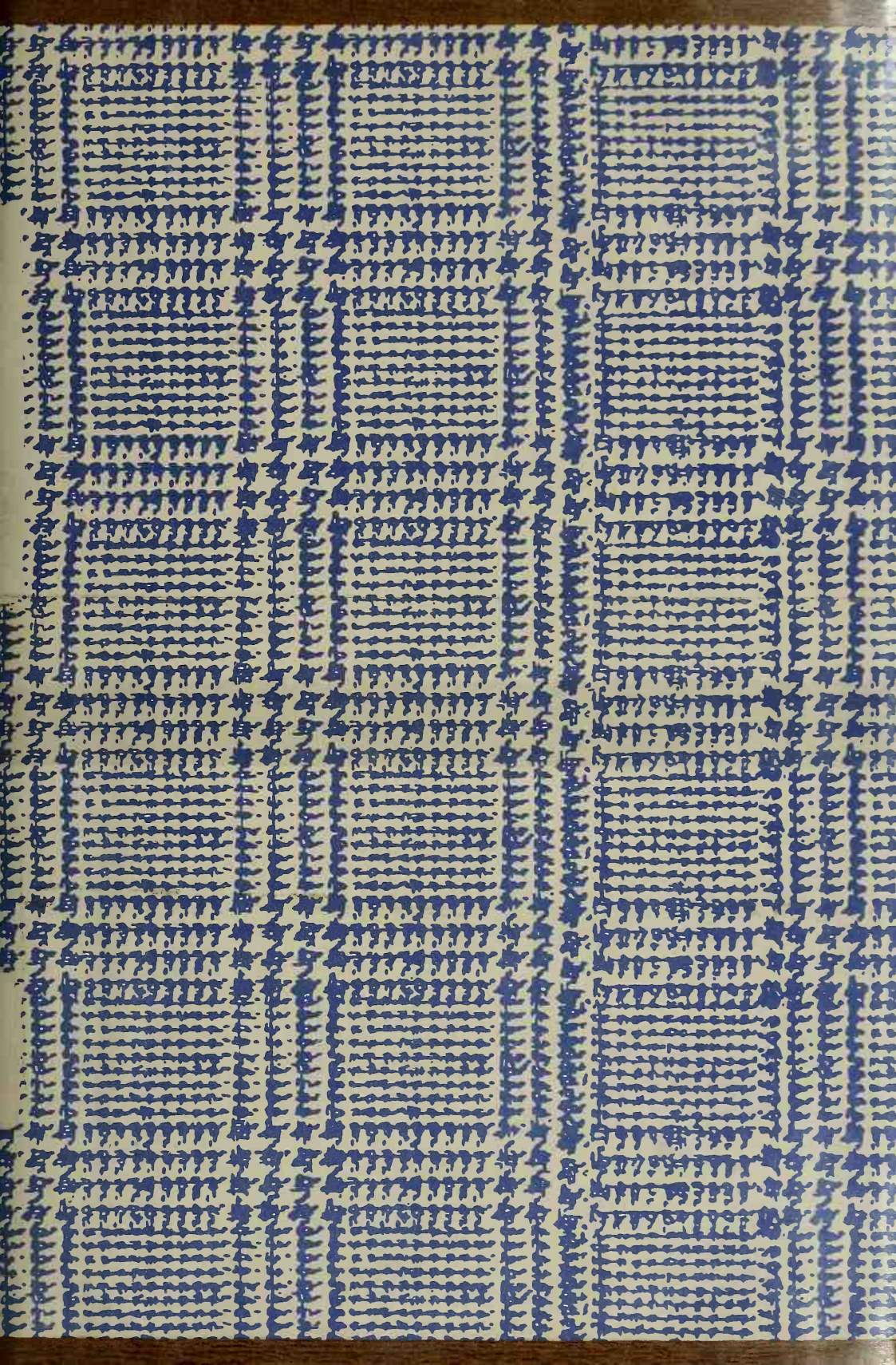






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THE NEWS LETTER

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GOOD EYESIGHT
THE BIRTHRIGHT OF EVERY CHILD

ISSUED BY
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OF BLINDNESS, INC.
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THE NEWS LETTER

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STUDIES SIGHT SAVING CLASS METHODS IN ENGLAND

AFTER an active summer in the conducting of the Summer Course on Sight Saving Classes, in the University of Cincinnati, Mrs. Winifred Hathaway, Associate Director of the National Committee, has left for a two-months' study of sight saving class work in England. Mrs. Hathaway will be in conference with Dr. James Kerr and Dr. M. Bishop Harmon, eminent ophthalmologists of Great Britain, who were instrumental in the establishment of the first sight saving classes. She will describe to the British authorities the methods used in America and will bring back to this country the advances that have been made in this field in Great Britain. It is especially fortunate and fitting that Mrs. Hathaway be assigned this study since she is the acknowledged authority on this phase of sight conservation work in America. Associated with Mrs. Hathaway on this study is Miss Olive Peck, Assistant Supervisor, Department for Blind and Sight Saving Classes, Cleveland, Ohio.

TEACHERS' INSTITUTE IN WEST VIRGINIA

Both the Managing Director, Lewis H. Carris, and the Secretary, Eleanor P. Brown, carried on a very busy campaign of sight saving work among the teacher training institutes in West Virginia. Some of the counties reached were: Summers, Raleigh, Nicholas, Hancock, Brook, Ohio, Ritchie, Doddridge, Pleasants and Tyler. Through special arrangement the State Health Commissioner, Dr. W. T. Henshaw, and his assistant, Mr. David Littlejohn, accompanied the Managing Director and Secretary on a number of these institutes.

MEDICAL DIRECTOR VISITS INDIAN RESERVATIONS

Pursuant to the plans of eradicating trachoma among the American Indians, Dr. B. Franklin Royer, Medical Director of the National Committee, undertook an extended tour through the Indian

Reservations of the Northwest. The journey afforded considerable opportunity to study trachoma in close cooperation with state health authorities in Wisconsin, Minnesota, Montana, and South Dakota, and to discuss the handling of trachoma from a public health standpoint with state health officers in six states and with University authorities in two states. The impressions gained by the Medical Director are: 1. That the Indians seen are grossly in need of better balanced diets, and for the most part need to be taught to provide themselves with such dietaries; 2. That they are badly in need of public health teaching. With reference to trachoma, the impression is gained that those who are afflicted have for a long time been badly fed and badly housed. In certain instances where the children have it, some adult member also has it. The report concludes with the following:

"It is decidedly felt that the interest of a great many state health officials and the interest of many officials of the Indian Bureau have been aroused by this trip, and judging from the interest taken it is believed that they will not only search for possible food faults in the future, but that they fall short in their duty when they fail to impress upon the Indian the need for a more liberal vegetable diet and a better balanced dietary as well as a cleaner and more sanitary home."

SUCCESSFUL SIGHT SAVING CLASS COURSE AT CINCINNATI

The series of courses for supervisors and teachers of sight saving classes which opened at the University of Cincinnati on June 21, closed after a successful session, according to the report of Mrs. Winifred Hathaway, Associate Director of the National Committee. Mrs. Hathaway, who represented the National Committee in their sponsorship of these courses, reported that there were registrants from 16 states and 25 cities. The October, 1926, issue of the *Sight Saving Class Exchange* indicates fully the extent of the success of the courses and the enthusiasm with which they were received.

ESTABLISHMENT OF HOWE LABORATORY OF OPHTHALMOLOGY

At the Commencement of Harvard University it was announced that Dr. Lucien Howe, of Buffalo, has given \$250,000 to establish an ophthalmologic laboratory as a memorial to his father, brother

and father-in-law, who served a total of more than 70 years as army officers in the service of their country. The General Education Board and Harvard University are supplementing the gift by \$175,000 and \$75,000 respectively. Dr. Howe, who has for nearly 50 years been in charge of the Buffalo Eye, Ear and Throat Infirmary and who has been for many years Professor of Ophthalmology at the University of Buffalo, will be in charge of the laboratory, which for the present is to be located in the Out-Patient Department of the Massachusetts Eye and Ear Infirmary.

EYE CONDITIONS OF JAPANESE SCHOOL CHILDREN

The Japanese correspondent of the American Medical Association discusses in the July 24, 1926, issue of the *American Medical Association Journal* the health conditions of the schools of Japan. Of 2,157,813 school children from 6 to 12 years of age, 338,198 have trachoma and 51,533 children have other eye diseases. In the secondary schools, of 350,511 school children from 12 to 15 years of age, 23,158 children have trachoma and 5,870 have other eye diseases. In normal schools, of 25,400 pupils over 15 years of age, 1,422 have trachoma and 899 have other diseases of the eye.

DR. ALGER ELECTED TO NATIONAL HEALTH COUNCIL

It is of interest to readers of THE NEWS LETTER that Dr. Ellice M. Alger, member of the Board of Directors of the National Committee and for many years active in prevention of blindness work, has been elected Recording Secretary of the National Health Council to succeed James L. Fieser.

PREVENTION OF INDUSTRIAL EYE ACCIDENTS

The proceedings of the State-Wide Safety Conference in Pennsylvania, published in the July, 1926, issue of *Labor and Industry*, includes the comments of Harry Guilbert, Director, Bureau of Safety and Welfare of the Pullman Company, Chicago, Illinois, who gives his experience in the use of goggles and the diminution of eye accidents since the thorough enforcing of their use.

OPHTHALMIC EXAMINATION IN INFANCY

In a letter addressed to the editor of the *British Medical Journal* under date of July 10, 1926, W. Oliver Lodge calls attention to

the necessity of examination of the eyes even in infancy. He states that many common refractive errors and visual defects are either congenital or hereditary and that while some may improve or remain stationary, others from inherent tendency or adverse environment may deteriorate, and because these facts are so dimly realized by the laity, few infants' eyes are examined unless there is some glaring defect. The writer feels that "ophthalmic examinations under a cycloplegic should be instituted in infancy and repeated at regular intervals; no defects would be found in the majority, but in the minority such conditions as would result in modifications of the normal curriculum and the cultivation and preservation of vision by various means, including prescription of glasses, medical treatment, or, in rare instances, surgical intervention."

An editorial in the same issue of the *Journal* calls attention to Dr. Lodge's letter and questions what can be done in correcting defective vision of young children. It points out a study made by Dr. Bishop Harman giving the findings of the routine examination of the eyes (with an efficient cycloplegic) of 368 infants in a good class London elementary school within the ages of 4 and 7 years. It states: "Allowing a liberal error of refraction as within the average, he found that no less than 35 per cent had such high errors of refraction that medical attention in some form of easement of the educational régime was undoubtedly necessary. The most obvious medical treatment would be the provision of spectacles to correct the errors of refraction. But such a proposition opens up a wide question as to practicability. Would the most enthusiastic desire to see one-third of the infants wearing glasses? And if the infants had the glasses, how long would they remain in effective use? Besides there is the large question of expense—both that involved in the necessary medical examination of large numbers of infants, and the cost of providing and replacing spectacles. It would appear that the necessities of such a situation would be far better met by making the education of infants meet for the infants rather than to attempt to make the infants able to undertake some educational régime, a scheme possibly evolved apart from consideration of the tenderness of the eyes of infants, be they average or worse than average. The opening phases of infant education are as difficult and need as much care and thought as the polishing of the finest minds of the public school or the uni-

versity; indeed the risks involved in infant education are the greater, for the younger the subject the smaller the power of resistance, and lack of care may give an unhappy twist to budding mind and body which may be irrecoverable. But apart from this, there is much to commend added attention to the eyesight of the infants in our elementary schools."

INFANT BLINDNESS IN DENMARK

A recent issue of the international bulletin of *La Protection de L'Enfance* states that the use of nitrate has been obligatory since 1900 in the prevention of ophthalmia neonatorum. From 1880 to 1900 ophthalmia of the new born was found in 13.7 per cent of the blind in the hospitals in Denmark. From 1900 to 1920 the percentage was reduced to 8.8 per cent and of these 28 cases only eight were born after 1905.

BIOCHEMISTRY IN OPHTHALMOLOGY

An editorial in the June, 1926, *Journal of Ophthalmology* asks the following interesting question: "What part will ophthalmology play in this rapidly developing field of biochemistry?", and proceeds to point out that the eye is particularly adapted for the study of biochemistry not only because of its highly specialized structure, but because of its completeness as a separate, but intimately related biochemic body in itself. In conclusion, the writer of the editorial, Ben Witt Key, says: "The unfolding of biochemical truths in medicine, as they may relate to the eye and perhaps may even be added to, through the study of them in the eye, is a fascinating idea in process of achievement, which most of us anticipate and trust we may live to realize."

Another editorial in this issue of the *Journal* discusses the British Ophthalmic Council and the advisability of a similar American Ophthalmic Council. The editor points out that since there exist in America the three separate organizations representing ophthalmologists, the American Ophthalmological Society, the Section on Ophthalmology of the American Medical Association, and the American Academy of Ophthalmology and Oto-Laryngology, it should be easy to create a council similar to the British Council, "a body that can speak with intelligence and authority on a class of problems, in solving which the general medical profession and the public could be greatly assisted by such advisers."

REPORT PRE-SCHOOL EYE CLINIC

The demonstration eye clinic for pre-school children which opened at Hartley House, 413 West 46th Street, New York City, under the joint auspices of the National Committee for the Prevention of Blindness and the Clinton Neighborhood Conference, has been in existence more than a year and has in that time examined 93 children below school age. The following is a tabulation indicating the record of the clinic up to date:

Number of clinic days of an hour each.....	36
Number of children examined.....	93
Number of visits.....	225
Findings normal 20/20 in both eyes.....	22
Findings normal—no vision test.....	8
Findings normal 20/30 both eyes.....	5
Findings normal 20/20 one eye, 20/30 other.....	3
No apparent trouble—too young or too backward to have vision tested.....	15
Serious difficulties—referred to other hos- pitals without complete examinations..	4
Conjunctivitis—otherwise normal.....	9
Strabismus.....	13
Chalazion.....	2
*Blepharitis.....	1
Chorio-retinitis.....	1
Cataract.....	1
Epiphora.....	2
*Myopia.....	1
Signs of strain and possible defects; diag- noses not yet determined.	

* Also included in "strabismus."

Agencies who referred ^{children} ~~clincs~~ include: Charity Organization Society, Hudson-Clinton and Chelsea-Lowell Districts; New York Kindergarten Association; Stryker's Lane Community Center; Henry Street Nursing Center, Neighborhood House, Hartley House; New York City Department of Health Milk Station; Association for Aid of Crippled Children. Two patients were brought in response to a newspaper announcement of the Clinic, and one boy from an uptown neighborhood was referred by a member of the staff of the National Committee; with these exceptions, the group is composed of neighborhood children and is unselected.

The staff of the clinic include Dr. H. Robertson Skeel, ophthalmologist; Mrs. Louis Resnick, clinic manager; and Miss Constance Dreyfus, clinic assistant. Mrs. Resnick, who has been clinic manager for a year, was preceded by Mrs. Helen Strom, who initiated the work.

It is of interest to note the following case histories of several outstanding strabismus cases, of which there was a high percentage in this group, and to note that treatment was successful:

1. Francis, aged five years, with a vision of 20/70 in the right eye and 20/40 in the left, had glasses prescribed. After five visits to the clinic during a period of four and a half months in which time he had had pneumonia, Francis' vision had improved to 20/40 in the right eye and 20/30 in the left with his glasses on as well as without. The squint was well corrected and the eyes were almost parallel.

2. Ellen had strabismus convergent since birth. Her vision was 20/100 in the right eye and 20/70 in the left. After wearing the glasses prescribed for one month her eyes became straight, the frown disappeared from her face, and her vision had improved from 20/70 in the left eye to 20/30.

3. William had convergent strabismus with a vision of 20/20 in the right eye and 20/70 in the left. After wearing glasses for a month his vision improved 20/20 in the right and 20/30 in the left. His eyes were parallel and the frown had disappeared.

Because of the success of the work and because of the kindness of the staff members who volunteer their services, it has been decided to carry on the work of the clinic for the coming year.

VISION AND EVOLUTION

Under the above title Dr. G. Elliott Smith, Professor of Anatomy in the University of London, delivered the Cavendish lecture before the West London Medical-Chirurgical Society. The lecture, which is abstracted in the June 5 *Lancet*, is an interesting discussion of the importance of the senses of smell and sight in the development of human civilization. Dr. Smith said in part:

"While no normal human being can possibly fail to appreciate in a general way how great a boon vision is I do not think that any adequate appreciation has yet been made of the vast significance of the visual factor in evolution. To us the world and most of what is happening in it is made known to us by sight. The attainment of muscular skill is determined mainly by the correlation of eye and hand, the eyes guiding the hand in acquiring what we significantly call dexterity. Our appreciation of beauty is based essentially on the visual appreciation of form, proportion, color and texture, as well as of movement."

Proceeding further he discusses the researches of Sir Charles Sherrington and his collaborators, especially Prof. Magnus of Utrecht, who have played a great part in calling attention to ways in which the eyes affect the control of posture and behavior. The influence of vision on the attainment of the erect attitude by man is pointed out.

THE EYESIGHT OF ESKIMOS

Under the topic "Eskimos Have Low Disease Resistance," the June, 1926, issue of *The Nation's Health* makes the following interesting comment regarding eye conditions among the Eskimos: "Pterygium is the most common eye disease, especially in women who often go out of the dark huts into the snow-glare, while the men always wear protecting glasses. Snow blindness is common among children, but it always ends in recovery."

HELPING THE VISUALLY HANDICAPPED TO HELP THEMSELVES

The July, 1926, *Atlantic Medical Journal* contains a pertinent editorial on the Act passed by the Pennsylvania State Legislature, administered by the Department of Welfare, which was designed to be helpful to those who are totally blind or who are unable to do ordinary work on account of impairment of vision. The editorial

discusses the recent organization of the State Council for the Blind, stating that its primary objects were to "promote the conduct of such work of physical, moral, and mental development as to permit Pennsylvania to be included among the States that are doing their full share for the sightless." The editorial concludes with the following statement: "It is interesting to note also in this connection that there are now twelve sight-saving or conservation of vision classes in Philadelphia's school system for children who have more than one-tenth of normal vision and less than one half, and that over 150 pupils are thus receiving special instruction under direct city auspices."

EYE DEFECT CAUSES INCORRIGIBILITY

Health News, published by the New York State Department of Health for July 12, 1926, contains the following interesting statement regarding the effect of defective vision on personality:

"A five and one-half year old child was recently brought to a children's clinic for examination. The mother reported that he was unable to dress himself or even put on his shoes. He showed jealousy of his baby sister, resisted all efforts at control, 'flew to pieces' if small matters did not go rightly with him and in general gave evidence of malbehavior. He had been sent to school for one month but his parents had been obliged to take him out as the teacher reported him too helpless to get along. His mother had attempted to teach him his alphabet but with no success.

"Upon examination at the consultation he was found to have strabismus of the right eye with a history of eye injury received when coasting last winter. In addition he had faulty habits of hygiene, speech defects, many carious teeth and poor posture. The mother was advised to seek the advice of an eye specialist.

"The following report, which has been received recently from the mother, shows that the child's misbehavior was largely a matter of maladjustment to his environment due to the eye defect which the parents did not suspect he had:

"As a result of his accident the boy received a total loss of the right eye and at present is seeing only a blur with the left. Days that he is overtired the sight is more dim, which explains why the child nearly had nervous spasms sometimes when I tried to teach him to dress or to read or write. Now that I know his condition I am able to teach him a little at times and he is certainly proud to be able to accomplish anything. The doctor thinks that in time he can improve the sight of the left eye.

"We are surely doing all in our power to keep him contented and happy which means everything for his good."

MANHATTAN EYE, EAR AND THROAT HOSPITAL

The 1925 Annual Report for the Manhattan Eye, Ear and Throat Hospital of New York City indicates that during that year 25,499 patients were treated in the eye department and that during that time 59,699 visits were made by patients. This does not include 1,571 private and ward patients treated in the hospital for various eye defects.

PROSPECTIVE PUBLICATIONS

Among the publications of especial interest to readers of THE NEWS LETTER which seem imminent is the Report by the Standing Committee on Conservation of Vision of the Conference of State and Provincial Health Authorities of North America on The Prevention of Blindness in New Born Babies. This study promoted by the Medical Director of the National Committee will include the findings of three questionnaires addressed respectively to state and provincial health officers, to obstetrical departments of colleges in United States and Canada and to obstetrical departments of hospitals of the United States and Canada. It is expected that the report, which is published as part of the American Health Congress proceedings, will indicate the present status of medical and public health practice regarding ophthalmia neonatorum.

Another publication of especial interest is the publishing of the Joint Meeting on the Relation of Venereal Diseases to Vision Impairment, conducted by the American Social Hygiene Association and the National Committee during the American Health Congress in Atlantic City. This publication also will be published as part of the proceedings of that Congress. Many requests have already been made for these publications, and the Committee is preparing to fill them as soon as the publications are off the press.

Charles W. Eliot, 1834-1926

Charles W. Eliot is dead, at the age of 92. It cannot be said that all that is left of that grand personality has been laid to rest. He gave too much of himself to be lost to the world. His courage and high ideals, his vigor—mental, moral and physical—all have left their indelible stamp on his age and for all time. The National Committee for the Prevention of Blindness mourns the loss of a valued member of its Board of Directors, a counselor and friend, but it will always cherish his immortal gifts to humanity.

Cleveland H. Dodge, 1860-1926

In the death of Cleveland H. Dodge, member of the Board of Directors, the National Committee for the Prevention of Blindness has had a sad loss. Mr. Dodge, who was interested in prevention of blindness work and other fields of social welfare for many years, is deeply mourned for his sustained interest and service.

ARTICLES OF INTEREST

SYMPOSIUM ON EYE LESIONS—TREATMENT OF OPHTHALMIC TRAUMATA, Edward B. Heckel, M.D. *Atlantic Medical Journal*, July, 1926. Published by the Medical Societies of Pennsylvania and Delaware, Harrisburg, Pa. The summary of an abstract of this article includes the following three points: 1. The value of atropin after the removal of foreign bodies in the cornea, even very small and unimportant ones; 2. The use of hot pads in lacerated wounds of the eyelids; 3. The stretching of a symblepharon before a surgical procedure is attempted.

IS TRACHOMA A DEFICIENCY DISEASE?—AN HYPOTHESIS FOR PUBLIC HEALTH CONSIDERATION, B. Franklin Royer, M.D. *Journal of the American Medical Association*, August 14, 1926. Published by the American Medical Association, Chicago, Illinois. This article read by the author before the Section on Preventive and Industrial Medicine and Public Health at the Seventy-seventh Annual Session of the American Medical Association, Dallas, Texas, April, 1926, challenges those interested in the eradication of trachoma with the need for a real epidemiologic study taking into consideration our recently acquired knowledge on food deficiency and its effect upon certain eye conditions.

GLAUCOMA OR HARDENING OF THE EYEBALL, Edward Jackson. *Hygeia*, September, 1926. Published by the American Medical Association, Chicago, Illinois. Author presents clearly and in popular language a description of the condition of glaucoma and of some of its signs.

SAFEGUARDS IN CATARACT EXPRESSION, John Green, M.D. *Journal of the American Medical Association*, August 7, 1926. Published by the American Medical Association, Chicago, Illinois. This is a thoroughgoing discussion of the technic and after-care of the "expression" of cataract after capsulotomy. It was read before the Section on Ophthalmology at the Seventy-seventh Annual Session of the American Medical Association in Dallas, Texas, April, 1926.

IMPROVED LIGHTING AS A FACTOR IN ACCIDENT PREVENTION, W. H. Rademacher. *Safety Engineering*, August, 1926. Published by Safety Magazine Publishing Corporation, New York City. This is an address which was given before the Industrial Accident Prevention Conference, Washington, D. C., July 14, 1926, by the author, who is Illuminating Engineer of the Edison Lamp Works of the General Electric Company, Harrison, New Jersey. It is a thorough and lucid description of how improved lighting can prevent accidents in industry.

THE OPTICAL ASPECTS OF GOGGLES, F. Kollmorgen. *National Safety News*, September, 1926. Published by the National Safety Council, Chicago, Illinois. Mr. Kollmorgen points out that when employees object to wearing goggles, the fault may be with the goggles rather than with the men, particularly when care has not been taken to select goggles according to the condition of the eye. He describes the optical defects frequently found and gives a list of specifications for buying goggles that men will wear without constant supervision.

CONSERVATION OF SIGHT CLASSES IN GRAND RAPIDS, MICHIGAN, Roberta A. Griffith. *Outlook for the Blind*, September, 1926. Published by the American Foundation for the Blind, New York City. Miss Griffith, who is Secretary of the Grand Rapids Association of the Blind and for Sight Conservation, discusses growth of sight-saving classes in Grand Rapids which began in 1918 with the founding of a sight-saving class at the Association House to eight, including one at St. Mary's Parochial School as well as seven in the public schools.

A POPULAR ENCYCLOPEDIA OF HEALTH, Dr. Lee K. Frankel and Dr. Donald B. Armstrong, Albert and Charles Boni, 1926. 366 pages.

Within the compass of 366 pages the authors have included almost every item related to the question of health. The subject is presented in simple understandable language for lay persons. The format of the book is attractive.

PUBLICATIONS RECEIVED

Among the publications received are the following:

Eleventh Annual Report of the Board of Health of the City of East Orange, New Jersey.

The Annual Report of the City of New York, Department of Health.

The Proceedings of the Twenty-sixth New York State Conference of Charities and Corrections.

The 1926 Directory of Social Agencies.

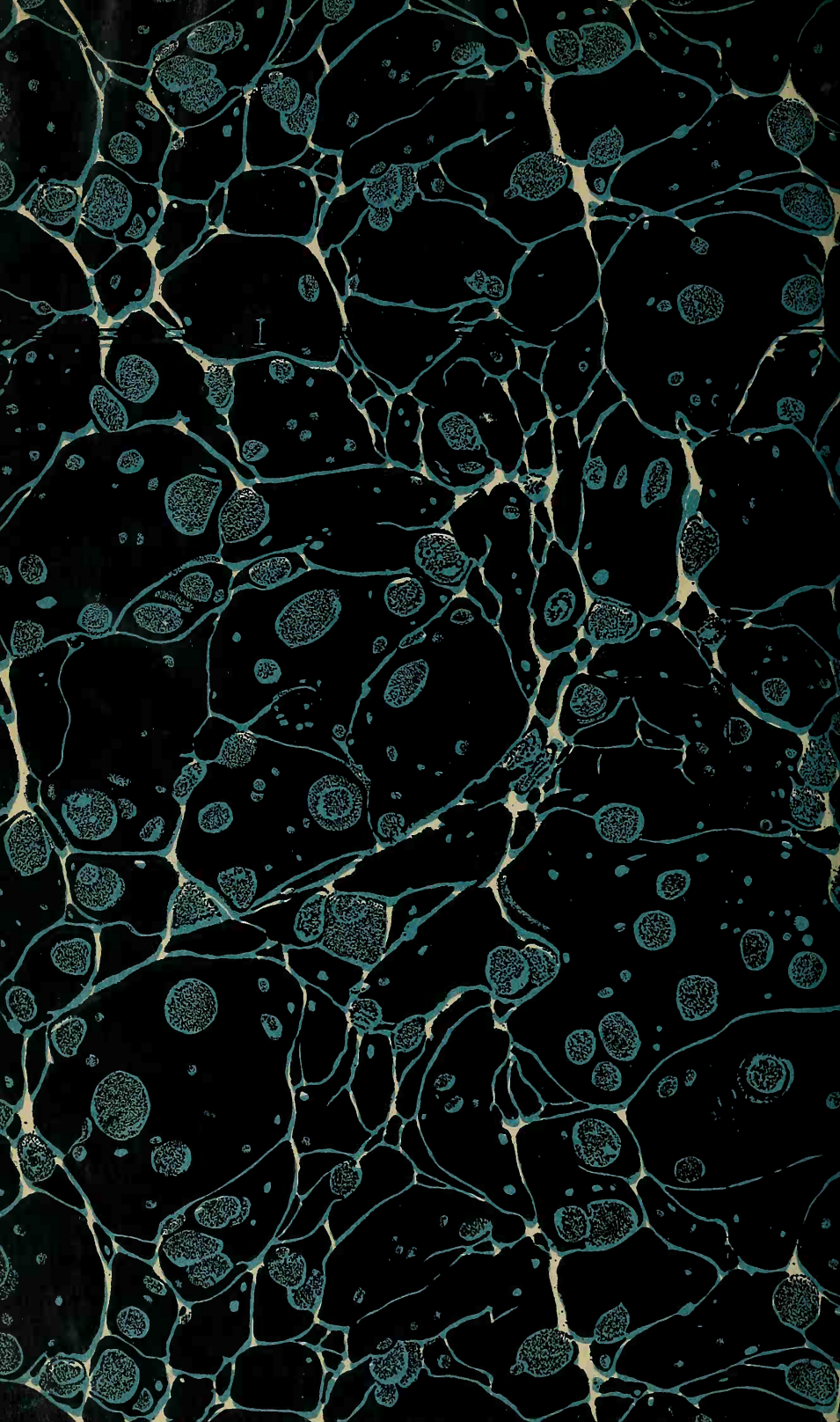
Diphtheria—Curable and Preventable, Published by the American Association for Medical Progress, Inc.

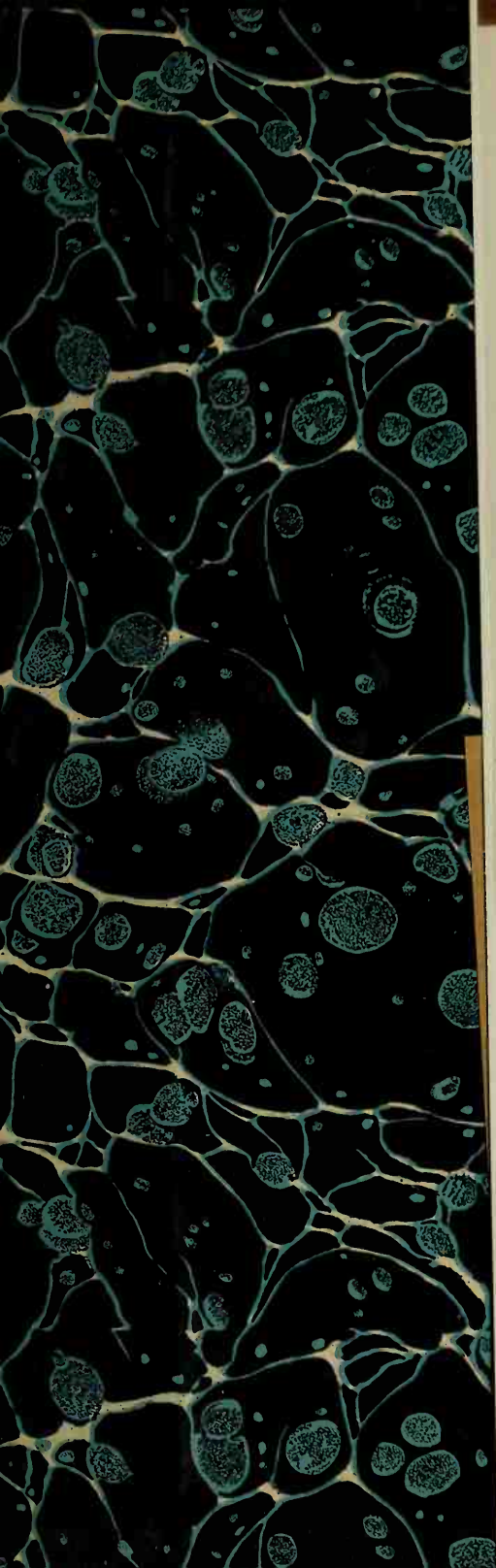
Report of Commission to Study Conditions Relating to Blind Persons in Pennsylvania.

Maternal Mortality, Publication 158, U. S. Department of Labor.

SIGHT is much more valuable than smell. Having no need for snouts, Primates shortened their faces. Having little need for feet, they developed their hands. Hands could bring things up to the eyes. Eyes could settle down where they would be handiest. The eyes moved on to the front of the face. Each eye sees an independent picture, but the pictures overlap; the eyes can correlate and blend them into one. Thus, Primates' eyes are binoculars with stereoscopic effect. Many mammals have no such binoculars.

What can an elephant know of its body? It can feel very little of it, see even less. What does a monkey not know of its body? What its hands feel, its eyes can picture. The brain knows nothing of muscles, but it becomes a storehouse of pictured movements. *Why We Behave Like Human Beings*. By George A. Dorsey. Harper & Brothers, New York, 1925. 512 p.





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